Vol. 17, No. 21

WEEKLY REPORT

Week Ending May 25, 1968

# U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

PUBLIC HEALTH SERVICE

HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION

# FOODBORNE GROUP A STREPTOCOCCAL EPIDEMIC U.S. Air Force Academy, Colorado

An epidemic of Group A streptococcal pharyngitis occurred among the cadets at the U.S. Air Force Academy from April 27 through April 30 (Figure 1). Approximately 600 cadets with severe prostrating illness characterized by high fever, headache, and sore throat were seen in the academy hospital clinic on Sunday, April 28; 89 cadets required hospitalization. Of the 89 hospitalized cadets, 90 percent had exudative pharyngitis and tender cervical lymphadenopathy, and 91 percent on throat culture yielded a Group A, M non-typable, T-12 streptococcus. Of 418 cultures taken on April 28, 224 cultures (54 percent) were

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reported as presumptive B-hemolytic streptococci by the Air Force Academy Hospital Laboratory; 139 of these cultures were grouped and typed, and 124 cultures (89 percent) were of the epidemic strain. A random selection of 100 well cadets, cultured at the time that mass prophylaxis was given on April 30, demonstrated an epidemic strain prevalence of only 2 percent.

(Continued on page 190)

# TABLE I. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES (Cumulative totals include revised and delayed reports through previous weeks)

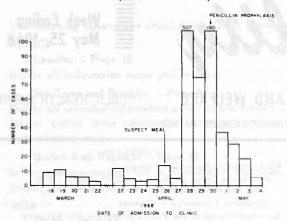
Markey House Hall Talagori medical	21st WEE	K ENDED	MEDIAN	CUMULATIVE, FIRST 21 WEEKS				
DISEASE	May 25, 1968	May 27, 1967	1963 - 1967	1968	1967	MEDIAN 1963 - 196		
Aseptic meningitis	33	49	35	606	675	586		
Brucellosis	3	5 Die	a di Josephal	61	92	92		
Diphtheria	1	2	2	69	42	74		
Encephalitis, primary:		12/27/19/21/9	SEE MAN WITH STATE	171 111 111	A 100 CT 155	32 9 9		
Arthropod-borne & unspecified	16	22	SOUTH REAL PROPERTY.	333	515			
Encephalitis, post-infectious	20	18		231	354	12 mm		
Hepatitis, serum	. 82	35	} 750	1,619	798	17,347		
Hepatitis, infectious	859	716	1 120	17,778	16,549	11,341		
Malaria	22	38	on educate Lie	860	798	41		
Measles (rubeola)	717	2,302	7,851	14,600	48,514	199,332		
Meningococcal infections, total	43	50	52	1,440	1,227	1,363		
Civilian	40	47	2,42,71.03	1,297	1,135	0.41 344 959		
Military		3	60 Jan & Pathern	143	92	and the state of the same		
Mumps	4,181		A. 100 PROPERTY.	102,251				
Poliomyelitis, total		Linage 1 D	A LEST SUPERIOR	16	9	10		
Paralytic	1	da gnols a	ind (3) sheether	16	8	8		
Rubella (German measles)	2,131	2,024		32,764	29,072			
Streptococcal sore throat & scarlet fever	8,172	9,277	8,670	224,904	244,171	219,826		
Tetanus	2	3	6	46	60	82		
Tularemia	5	4	5	66	61	81		
Typhoid fever	5	9	7	102	133	137		
Typhus, tick-borne (Rky. Mt. spotted fever) .	9	3	5	32	35	23		
Rabies in animals	58	100	92	1.569	1.891	1.891		

#### TABLE II. NOTIFIABLE DISEASES OF LOW FREQUENCY

	Cum.	COMPANY OF STREET, STR	Cum.
Anthrax: Botulism: Leptospirosis: Hawaii-1 Plague: Psittacosis:	12 -	Rabies in man: Rubella, Congenital Syndrome: Trichinosis: Hawaii-2, Va2 Typhus, murine: Fla1	3 25

#### FOODBORNE GROUP A STREPTOCOCCAL EPIDEMIC - (Continued from front page)

Figure 1 PHARYNGITIS IN CADETS AIR FORCE ACADEMY OUTPATIENT CLINIC MARCH 18-22, APRIL 22-MAY 4, 1968



Following initial fluorescent antibody examination which indicated that the etiologic agent was a Group A streptococcus, control measures were instituted. Cadet classes and dependent and public schools in the area were suspended from April 29 to May 1. On Tuesday, April 30, mass prophylaxis utilizing 1.2 million units of benzathine penicillin G or oral erythromycin was given to approximately 2,200 cadets who had not previously been treated. Members of the hospital staff and food handlers were cultured and treated if the cultures were positive. Following mass prophylaxis on April 30, a marked reduction was noted in clinic visits for pharyngitis (Figure 1).

The overall attack rate in the cadet population of 3,012 was 27.5 percent. Squadron attack rates failed to reveal any significant difference between individual squadrons.

Because of the explosive nature of this epidemic, a common source foodborne outbreak was suspected. Several factors tended to localize the time of exposure to the noon meal on Friday, April 26. The incubation period of 12-72 hours coincides with the incubation periods described in previous foodborne outbreaks of streptococcal pharyngitis. 1,2,3,4 A flight training class of 58 cadets who did not eat the noon meal on Friday reported no cases of illness with onset before 6 p.m. Monday, April 29. From this group, five cadets subsequently became ill and probably represent secondary respiratory spread. From a group of 26 persons who ate only the noon meal on Friday with the

cadets, 6 persons became ill with symptoms of streptococcal pharyngitis during the following 48 hours.

Cultures from all food items served at meals from Friday evening through Sunday failed to yield Group A streptococci. Milk and milk products from the same lot as that served on Friday and Saturday were also negative. Portions of the prepared food items served at the noon meal on Friday were not available for culture.

An analysis of food histories obtained from both hospitalized and well cadets pointed to the tuna salad at the Friday noon meal as the responsible food. An investigation of the preparation of the tuna salad revealed that the hard boiled eggs used in the salad had been steamed and sliced on Thursday, April 25. The sliced eggs were then placed in large pans and left overnight at 58°F. The salad was then prepared at 6 a.m. April 26, and stored immediately at 38°F, until served at the noon meal. The suggestion that eggs were the vehicle of infection is consistent with other reports of foodborne streptococcal epidemics that incriminate eggs as the vehicle of transmission. 1,2,3,4

On April 28 and 29, 229 food handlers in the mess hall were cultured. Six were positive for Group A streptococci, three of which were T-12, the epidemic strain. Histories, physical examinations, throat cultures, and blood specimens obtained from food handlers who assisted in preparing the tuna salad, to date, have failed to incriminate definitely a single source of the inoculum.

Intensive surveillance for cases of nonsuppurative sequelae has failed to reveal such complications.

(Reported by Major Roger Kilton, USAF, Laboratory Officer, U.S. Air Force Academy Hospital Laboratory, Colorado Springs, Colorado; Cecil S. Mollohan, M.D., M.P.H., Chief, Section of Epidemiology, Colorado State Department of Public Health; Streptococcal Disease Section, Ecological Investigations Program, NCDC, Kansas City, Kansas; and two EIS Officers.)

#### References:

<sup>1</sup>U.S. Commission on Acute Respiratory Diseases, Fort Bragg, N.C.: A study of a foodborne epidemic of tonsillitis and pharyngitis due to beta hemolytic streptococcus, type 5. Bull Johns Hopkins Hosp 77:143-210, 1945.

<sup>2</sup>U.S. National Office of Vital Statistics: Morbidity and Mortality Weekly Report, Vol. 4, No. 32, Aug. 19, 1955.

<sup>3</sup>U.S. National Office of Vital Statistics: Morbidity and Mortality Weekly Report, Vol. 5, No. 4, Feb. 3, 1956.

<sup>4</sup>Farber, R. E. and F. A. Korff. Foodborne epidemic of Group A beta hemolytic streptococcus. Public Health Reports 73:203-209, 1958,

#### TULAREMIA FOLLOW-UP - Vermont

Since the initial report of 32 cases of tularemia from Vermont (MMWR, Vol. 17, No. 18), eight other cases, diagnosed on the basis of clinical and laboratory findings, have occurred in Vermont in persons who trapped or skinned muskrats. Also, serologic confirmation has been made on eight additional cases from the original 32 reported cases.

Of the 40 patients, to date, 34 have had agglutination titers against Francisella tularensis of 1:160 or higher, 2 to 6 weeks after onset of symptoms. Seven of these 34 patients had fourfold or greater rises in titer in serum specimens drawn more than 2 weeks apart. Included in

(Continued on page 196)

# RECOMMENDATION OF THE PUBLIC HEALTH SERVICE ADVISORY COMMITTEE ON IMMUNIZATION PRACTICES

The Public Health Service Advisory Committee on Immunization Practices meeting on February 15, 1968, issued the following recommendation on typhus vaccine.

#### TYPHUS VACCINE

#### **TYPHUS**

The United States has not experienced an outbreak of louse-borne (epidemic) typhus since 1922. The last reported case, 1950, did not result from an indigenous source of infection.

Louse-borne typhus was widespread in many countries affected by World War II. Since 1945, reported cases have declined steadily. Effective insecticides and generally improved standards of living have permitted many populations to free themselves of louse infestation. A human reservoir of latent infections persists in many parts of the world and resurgence of the disease might occur under conditions of war or disaster. Vaccination of any civilian population in the United States, however, is unwarranted.

#### TYPHUS VACCINE

Typhus vaccines of the type available today were first used widely in World War II. There were no deaths from typhus among vaccinated persons during the North African campaign, and incidence of disease in the vaccinated was reportedly lower than in the unvaccinated. In unvaccinated adults, the case-fatality ratio is reported to be 20 percent or higher.

Although no controlled studies of typhus vaccine have been carried out in human populations, experience from the field and the laboratory suggests that the incidence and severity of typhus cases is diminished among the vaccinated, especially if booster doses have been received.

Typhus vaccine is prepared from formaldehyde inactivated *Rickettsia prowazekii* grown in embryonated eggs. This vaccine provides protection against only louseborne (epidemic) typhus; it does not protect against murine or scrub typhus.

#### RECOMMENDATIONS FOR VACCINE USE

The rarity of epidemic typhus minimizes the need for vaccination. Typhus is at present no threat to United States residents visiting most other countries. This is true even in places still reporting large numbers of cases if travel is limited to urban areas with modern hotel accommodations. It is only in mountainous, highland, or areas where a cold climate and other local conditions favor louse infestation that a potential threat exists.

Vaccination may be indicated for travelers to rural or remote, highland areas of Ethiopia, Rwanda, Burundi, Mexico, Ecuador, Bolivia, or Peru, and mountainous areas of Asia. Even there, however, the risk of typhus for U.S. travelers is extremely low. No typhus case in an American traveler is known to have occurred in recent years. Vaccination against typhus is not required by any country as a condition for entry.

Typhus vaccination is suggested only for the following special-risk groups:

- Such persons as scientific investigators (e.g., anthropologists, archaeologists, or geologists), oil-field and construction workers, missionaries, and some government workers who live in or visit areas where the disease actually occurs and who will be in close contact with the indigenous population in such areas.
- 2) Medical personnel, including nurses and attendants, providing care for patients in areas in which louse-borne (epidemic) typhus occurs.
- Laboratory personnel working with Rickettsia prowazekii.

#### Vaccination Schedule

Vaccine should be injected subcutaneously.

Primary: Two injections of vaccine 4 or more weeks
apart.\*

Boosters: A single injection of vaccine at intervals of 6 to 12 months for as long as opportunity for exposure exists. The primary series need never be repeated for booster doses to be effective.

#### Reactions

Pain and tenderness at the injection site should be expected. A few individuals have reportedly experienced exaggerated local reactions and fever, presumably a manifestation of hypersensitivity.

#### Contraindications

As is the case for all vaccines propagated in eggs, typhus vaccine should not be administered to anyone who is hypersensitive to eggs.

A reprint of this PHS Advisory Committee Recommendation is available on request from:
National Communicable Disease Center
Atlanta, Georgia 30333

Attn: Information Office

<sup>\*</sup>Dose volume should be the amount listed by the manufacturer for adults or for children.

## Morbidity and Mortality Weekly Report

#### TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES

### FOR WEEKS ENDED MAY 25, 1968 AND MAY 27, 1967 (21st WEEK)

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\*Delayed reports: Encephalitis, post-infectious: Md. 1 Hepatitis, infectious: Me. 1

### TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES FOR WEEKS ENDED

MAY 25, 1968 AND MAY 27, 1967 (21st WEEK) - CONTINUED

STATE OF THE STATE	MEASLES (Rubeola)			MENINGO	COCCAL INFI	ECTIONS,	MUMPS	POLIOMYELITIS			RUBELLA
AREA	Cumulative				Cumu1	itive		Total	Para	lytic	PA/1,755
A Children of the last	1968	1968	1967	1968	1968	1967	1968	1968	1968	Cum. 1968	1968
UNITED STATES	717	14,600	48,514	43	1,440	1,227	4,181	1	1	16	2,131
NEU THEF		(00	600	90			- A	10.00	100		
NEW ENGLAND	65	698	638	1	73	56	327	1 - 6	F/41-	- Charles	401
Maine.*	1	13	196 71	1	6	3	5				14
New Hampshire Vermont		80	25		7	2	11 9		1 1 1	WH-130	6
Massachusetts.*	29	250	229	2-1	32	29	183	11 2		W-411111	173
Rhode Island		1	52	34.1	6	3	24	de Hill H	7 12	-401	69
Connecticut	35	353	65	.j	21	19	95	H1- 1	8.71-		134
MIDDLE ATLANTIC	206	2,373	1,710	9	241	188	286	- I	-	10.4	318
New York City	139	915	303	1	47	31	141	2011 = N	1 -	-	146
New York, Up-State.	39	940	375	10-11	38	43	NN		E (- )	Grant I	45
New Jersey*	24	400	423	6	90	75	145	1231- 8		E. E.	121
Pennsylvania	4	118	609	2	66	39	NN	[13] - 3	1- 1	So head	6
EAST NORTH CENTRAL	95	3,047	4,054	5	159	145	1,270	14- 6	g  - :	- l	650
Ohio	3	243	793	3	43	55	68	- III - 1	II I-	-	320
Indiana	23	539	504	141 - 111	20	20	86	- E	7-	-	26
Illinois	23	1,188	661	1	38	31	186	131 8	B 1- 1	-	85
Michigan	11	197	777	1	45	30	443	37 - 8	8 1 -		71
Wisconsin	35	880	1,319	24-11	13	9 :	487	A .	4	- 4-17	148
WEST NORTH CENTRAL	14	313	2,287	5	70	56	437	-11- 4	-	1000	87
Minnesota	-	13	105	5 - 1 - 1	16	12	43	71 - 8	-	-	6
Iowa	4	77	624	1	5	11	317	11 - 2 %	-	-	64
Missouri	- 5	72	211	3	21	12	8	1 1 - 74	-		1
North Dakota	2	107	726	42-11-	3		28	11- 1	1 9-	- 1	16
South Dakota		4	46	-6-91	4	6	NN	11 - 2	-	-	Contract of the
Nebraska Kansas	3	32	538 37	1	6 15	9	41	1 2	-		
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SOUTH ATLANTIC	43	1,116	5,594	6	309	235	259	-		100	170
Delaware		9	36	0.11	4	. 5	7	- 4	y - J -		7
Maryland Dist. of Columbia	3	69	99 16	1	19 11	29 8	43 12	- 1. 1	E 2.	- 1000	9
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West Virginia	2	177	1,084	12.	7	19	51	17	EXID :		24
North Carolina	3	261	798	2	62	47	NN	- 10 - 11	1	41740	
South Carolina	2	12	425	1	54	23		1 1 2 2	-		5
Georgia	12 - 1	3	24	* (E( _ 1 )	57	34		11-11	-	10100011	ALAS MILES
Florida	32	360	1,362	1	73	47	129	- 1	- 1		111
EAST SOUTH CENTRAL	18	416	4,510	5	125	108	173	- 1	-	S.L.	94
Kentucky	4	118	1,122	1	47	30	16	13 - 2	1 1-		30
Tennessee	1	51	1,555	3	43	46	153		-	-	42
Alabama		65	1,198	1	17	20	4	- 1	- 3	-	22
Mississippi	13	182	635	10.11	18	12		- 6	-		12631-12
WEST SOUTH CENTRAL	173	3,895	15,621	7	254	176	343	1	1	8	98
Arkansas		2	1,376	1	15	22	- 1	P 1 7 6	7 d - 1		40.00
Louisiana		2	123	2	66	67	1	TE- 46	- 1		8
Oklahoma		103	3,294	2	48	11	20	1		Los-	The state of the
Texas	173	3,788	10,828	3	125	76	322	1	1	8	90
MOUNTAIN	26	738	3,656	3.51	22	24	257	13 - 13			82
Montana		64	245	- 1	2		17		-		2
Idaho	1	12	337	-1-11	9	1	9	38 - 38	/ '	221-12	
wyoming.	4	48	53	100		1	-		10	-	a united to
Colorado	7 3	353	1,088		7	10	68	3.1			37
New Mexico		73	526	TO H		3	70		11 12 1		11
Arizona	11	164 19	852 291		1	4	68 25	-1- 1		13/1/2	29
Nevada		5	264		3	2	-				3
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California	57	1,113	1,367 3,879	3	130	185	479			-	11
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Hawaii	the said	33	101	138.11	10	2	16			restriction (	4
		1 33	101	110			10				- 4

reports: Measles: Mass. delete 1, N.J. 27 Mumps: Me. 3 Rubella: Me. 3

## Morbidity and Mortality Weekly Report

# TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES FOR WEEKS ENDED

MAY 25, 1968 AND MAY 27, 1967 (21st WEEK) - CONTINUED

AREA	STREPTOCOCCAL SORE THROAT & SCARLET FEVER	TETA	ANUS	TUL	AREMIA	ТУРНОІД		TYPHUS FEVER TICK-BORNE (Rky. Mt. Spotted)		RABIES IN ANIMALS	
100	1968	1968	Cum. 1968	1968	Cum. 1968	1968	Cum. 1968	1968	Cum. 1968	1968	Cum. 1968
UNITED STATES	8,172	2	46	5	66	5	102	9	32	58	1,569
TIL THOLAND	1 222				20		900	44.7	250		
VEW ENGLAND	1,333	11.3	1		32	1	4	31-	100 -	2	56
Maine. *	23	3 3	T T	_10	-				3.0	1	50
New Hampshire	24	11.5	1.	. 111	32	33 Th	70 7			-	2
Massachusetts	165	12.00	E 6		-		2	800	407.0	1	3
Rhode Island	82	11270	11			- I	2				147
Connecticut	1,039	1- 6	1	- 1	, - <u>-</u>	1	2	100	3/1		
MIDDLE ATLANTIC	504		8	2	3	1	11	MES I	3	Joseph	13
New York City	18	1 - 5	4		_	95 - 11	6	F 12	10.2		First .
New York, Up-State.	483	-	4	2	3	1	2		155	-1917	9
New Jersey	NN	- 04			-	2 - 1	-	000 <u>-</u>	457		
Pennsylvania	3	1	- 17				3	111	3		4
EAST NORTH CENTRAL	803	- 9	6	- 1	4	≤1	17	1	2	8	131
Ohio.*	116	- 2	- 3	1	1	₹	11	EAT?	1	2	52
Indiana	153	- 11	1	- 0	· -[]	3	1	RIE.	12-	4	48
Illinois	141	1 - 23	4	-	2	1	4	1	1		12
Michigan	200	1 19	1	- 1	1		377		38 <del>-</del>	1	8
Wisconsin	193	77 1 19	-	51.	. TH		1	546	600	1	11
EST NORTH CENTRAL	308	11-3	2	- 1	6	F - B	5	576	1	15	358
Minnesota	20	1 - 16	15.00	10.3	- 1	- II	500 -	I	Sec. 1	6	102
Iowa Missouri	105	10 10	-	- 1 "	- 78	7- 11	-	541	2m (	4	66
North Dakota	18	11-120	2	110	4		3	11-11	1.5	2	63
South Dakota	61 25	10 199	1 (0)	. 117	1	3-5 11.	1			3	
Nebraska	50	1.0	[4]	1 1 9	-	V .	1	147	1 1		34
Kansas	29	11.8	4.7	11.1	1	X. [ ]].	1600-		332	7.7.1	19 16
OUTH ATLANTIC	824	1 8	9	i []	5	2	27	6	23	5	177
Delaware	2	35.0	120		1	12 1 H		-	1 - 1		17
Maryland	179	. 17.00	25	- 10	0 20	13 10	4	1000	2		
Dist. of Columbia	18	10.00	1		0 10	= 11	1	9. 2			10.7
Virginia	214	1 9	2	0 41 0	1	1	5	3	13		76
West Virginia	143	1 - 10	1	1 3	- 4	-0.2	TAULT	10.		1	22
North Carolina	34	1 - 10	2	- 4	2	- 11	2	3	7		100
South Carolina	12		1	- 3	-	5 - th	137 - 1	- 1	1	- 11-11	100
Georgia	23	- 0	- 33	71.3	1	5- H	7	-	133-	3	20
Florida	199		2	- 10	1	1	8	496	15	1	49
EAST SOUTH CENTRAL	1,123	2	6	- 13	5	5 - 11	13	100/1	2	10	403
Kentucky	60	· 1 - 13	1	11.1	1	5 11	2	00	i - II	6	188
Tennessee	961	2	2	11.5	- 3	3 H	8	1	1	2	197
Alabama	60	1 - 15	1	- 5113	E 11	- 1	133.5		3D- 1	2	18
Mississippi	42	+ 9	2	12.7	1	-	3	1980_	1	100	Kente
EST SOUTH CENTRAL	442	- 4	6	3	9	11-11	8	1	1	9	292
Arkansas	6	1:3	4	1 6	1	7.	1	(i) = 1	36-1	1	33
Louisiana	12 12	1.3	4	- 1 6	1	75 11	1	60/2	1.75	3	30 93
Texas.	412	1.70	2	3	6	6 1 1	5	1	1	5	136
OUNTAIN	1,594	1 8	1.0	1 :	2	8 - 1	8	200	120 T	2	30
Montana.	26	1 19	112	1 3	-	Z 71	-	4.6			30
Idaho.	155	1 - 5	11-4	11.8	2	F - II	900	100	보다 네	- L	
Wyoming. *	102	1200			. 4	50-11-2	1	All I	200	1	100
Colorado	895	1 - 19	15-54	11	1	88 - 11	2	Diff.	7 1- 14	1116	che i
New Mexico	149	7 - 88	11-1		or <del>-</del> li	0 - 1	5	185-1	1.6- H	0.0	1.5
Arizona	127	1 - 89	41-81	3 1	- 41 -	511	138 - 4	-	14 - L	1	12
Utah Nevada	140	1 0	1:5	1 7	1	2-11		2 - 1		2223 <b>-</b> 141	ALC: N
AND STREET	3 1 2	10		- 11 /	# 1   -	× 11.			101		
ACIFIC	1,241	1 - 23	8	3	9 - 10.	2 - 11	9	A00_1	3h- 14	7	109
Washington	233	- 3	1 - 33	- 8	5 1	2. 11	200	1002	Jul- Ju	200	CHE
Oregon	93				N 101	26 - 18	2	3%-1.1	35- 1-	1.130	DEST
California	851	- S	8		- 1	37 - 10-	7	3147	\$5-41.Jr	7	108
Alaska	44					واللتالة	100		10.5	2.110	
Hawaii	20		-					-	- 10	1.50	
uerto Rico	3		1	1			1000	- 630			13

Week No. 21

#### TABLE IV. DEATHS IN 122 UNITED STATES CITIES FOR WEEK ENDED MAY 25, 1968

(By place of occurrence and week of filing certificate. Excludes fetal deaths)

	A11 C	auses	Pneumonia Under			A11 C	auses	Pneumonia	Unde
Area	All Ages	65 years and over	and Influenza All Ages	l year All Causes	Area	A11 Ages	65 years and over	and Influenza All Ages	l yea All Cause
NEW ENGLAND:	715	445	38	51	SOUTH ATLANTIC:	1,136	590	40	66
Boston, Mass	262	160	15	20	Atlanta, Ga	140	67	1	12
Bridgeport, Conn	50	2.6	8	6	Baltimore, Md	239	128	12	11
Cambridge, Mass	19	15	-	-	Charlotte, N. C	45	14	1	1
Fall River, Mass	26	18	125	2	Jacksonville, Fla	64	32	2	1
Hartford, Conn	54	26	2	7	Miami, Fla	87	57	1	3
Lowell, Mass	25	16	1	1	Norfolk, Va	45	26	5	3
Lynn, Mass	29	14	1	3	Richmond, Va	71	36	1	7
New Bedford, Mass	22 36	18 22	1	1 2	Savannah, Ga	39	20	2	2
New Haven, Conn	58	37	4	i	St. Petersburg, Fla	86 70	72 35	3 4	7
Providence, R. I Somerville, Mass	11	10	2	-	Tampa, Fla	194	74	6	15
Springfield, Mass	33	20	2	4	Wilmington, Del	56	29	2	4
Waterbury, Conn	28	20	111	1	withington, ber.	50	0 1 2		-
Worcester, Mass	62	43	3	3	EAST SOUTH CENTRAL:	679	366	35	28
					Birmingham, Ala	80	39	1	3
IIDDLE ATLANTIC:	3,338	1,907	107	157	Chattanooga, Tenn	73	42	8	-
Albany, N. Y	53	31	2	6	Knoxville, Tenn	32	17	1	1
Allentown, Pa	34	28	2	1	Louisville, Ky	148	85	15	5
Buffalo, N. Y	141	79	1	7	Memphis, Tenn	159	87	3	9
Camden, N. J	49 31	23	5	2	Mobile, Ala	43	22	6	1
Elizabeth, N. J	48	14 27	2	1	Montgomery, Ala	49	25		4
Erie, Pa Jersey City, N. J	65	46	4	5	Nashville, Tenn	95	49	1	5
Newark, N. J	81	41	4	3	WEST SOUTH CENTRAL:	1,117	579	42	83
New York City, N. Y	1,630	946	52	59	Austin, Tex	40	26	5	2
Paterson, N. J	32	21	4	4	Baton Rouge, La	29	17	2	2
Philadelphia, Pa	591	321	10	31	Corpus Christi, Tex	33	21	-	1
Pittsburgh, Pa	190	99	1	13	Dallas, Tex	172	86	3	11
Reading, Pa	47	34	1	1	El Paso, Tex	42	25	5	3
Rochester, N. Y	104	66	5	8	Fort Worth, Tex	72	37	2	3
Schenectady, N. Y	29	17	rather through	1	Houston, Tex	204	91	4	14
Scranton, Pa	32	19	3	2	Little Rock, Ark	60	33	2	7
Syracuse, N. Y	61	32	4	2	New Orleans, La	146	67	5	13
Trenton, N. J	54 30	25	3	5	Oklahoma City, Okla	80	40	1	11
Utica, N. Y	36	22 16	3 1	6	San Antonio, Tex	127	71	-	9
Yonkers, N. Y	50	10		0	Shreveport, La Tulsa, Okla	49 63	30 35	11	3 4
EAST NORTH CENTRAL:	2,656	1,501	88	146	larga, okto.	03	33	11 7	5 7
Akron, Ohio	69	40	2 Bill	5	MOUNTAIN:	441	225	12	27
Canton, Ohio	32	21	1	-	Albuquerque, N. Mex	44	19	2	1
Chicago, Ill	709	371	22	33	Colorado Springs, Colo.	21	13	-	2
Cincinnati, Ohio	145	86	2	7	Denver, Colo	115	64	5	9
Cleveland, Ohio	224	112	3	22	Ogden, Utah	16	11	2	
Columbus, Ohio	131	68	4	4	Phoenix, Ariz	113	45	2	7
Dayton, Ohio	78	45	5	3	Pueblo, Colo	18	12	-	
Detroit, Mich	386	213	12	16	Salt Lake City, Utah	61	33	7	7
Evansville, Ind Flint, Mich	44 50	27	1	5 2	Tucson, Ariz	53	28	1	1
Fort Wayne, Ind	48	32 28	2	2	PACIFIC:	1,527	000	2/	.,
Gary, Ind	52	28	4	5	Berkeley, Calif	1,327	908	24	64
Grand Rapids, Mich	39	28	5	2	Fresno, Calif	36	19		1
Indianapolis, Ind	141	78	2	10	Glendale, Calif	36	23	1	-
Madison, Wis	52	28	6	3	Honolulu, Hawaii	46	13	200	1
Milwaukee, Wis	155	101	4	8	Long Beach, Calif	103	65	2	1
Peoria, Ill	35	21	-	5	Los Angeles, Calif	436	272	6	19
Rockford, Ill	32	21	5	1	Oakland, Calif	72	46	-	4
South Bend, Ind	41	25	3	3	Pasadena, Calif	43	30	1	2
Toledo, Ohio	122	87	6	9	Portland, Oreg	128	84		7
Youngstown, Ohio	71	41	-	3	Sacramento, Calif	65	38	-	3
FST NORTH CENTRAL.	814	472	22	30	San Diego, Calif	90	53		5
Des Moines Towers	62	473 43	23	39 1	San Francisco, Calif San Jose, Calif	175	86	4	10
Des Moines, Iowa Duluth, Minn	23	12	3	3	Seattle, Wash	33 159	15 87	7	1 0
Kansas City, Kans	38	21	4	4	Spokane, Wash	159 51	87 36	150	9
Kansas City, Mo	131	74	1	2	Tacoma, Wash	40	29	1	1
Lincoln, Nebr	32	23		= -			+		-
Minneapolis, Minn	124	86	2	10	Total	12,423	6,994	409	661
Omaha, Nebr	63	26	1	1			.,,,,,	1	301
St. Louis, Mo	217	118	3	9	Cur	nulative :	Totals		
St. Paul, Minn.	81	47	3	4	including reporte	d correct	tions for p	revious we	eks
Wichita, Kans	43	23	2	5	All Causes, All Ages All Causes, Age 65 and o Pneumonia and Influenza,	ver		163,53	6

#### TULAREMIA - (Continued from page 190)

these 40 patients are four persons who handled muskrats and had minimal symptoms or denied illness. The lowest titer in this group of four was 1:1280, and no brucella agglutinens (which can result in serologic cross reactions) were found and no histories suggesting prior tularemia were

Organ homogenates from muskrats shot or found dead in Addison County, Vermont, between April 26 and May 4 have been cultured directly and also inoculated into guinea pigs. F. tularensis has been recovered from two of the five muskrats processed to date - from one by direct culture and from the other after guinea pig inoculation.

(Reported by Donald S. Bicknell, M.D., Vergennes, Vermont; L. S. Walker, M.D., Clark Bryant, M.D., and B. J. Andrews, M.D., Middlebury, Vermont; P. G. Merriam, M.D., Pathologist, Rutland Hospital, Rutland, Vermont; Linus J. Leavens, M.D., Director, Bureau of Communicable Disease Control, and Dymitry Pomar, D.V.M., Director, Bureau of Laboratories, Vermont Department of Health; the Bacterial Chemistry Unit and the Bacterial Serology Unit, Laboratory Program, NCDC; and a team from NCDC.)

THE MORBIDITY AND MORTALITY WEEKLY REPORT, WITH A CIRCULATION OF 17,000, IS PUBLISHED AT THE NATIONAL COMMUNICABLE DISEASE CENTER, ATLANTA, GEORGIA.

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IN ADDITION TO THE ESTABLISHED PROCEDURES FOR REPORTING MORBIDITY AND MORTALITY, THE NATIONAL COMMUNICABLE DISEASE CENTER WELCOMES ACCOUNTS OF INTERESTING OUTBREAKS OR CASE INVESTIGATIONS WHICH ARE OF CURRENT INTEREST TO HEALT OFFICIALS AND WHICH ARE DIRECTLY RELATED TO THE CONTROL OF COMMUNICABLE DISEASES. SUCH COMMUNICATIONS SHOULD BE ADDRESSED TO:

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NATIONAL COMMUNICABLE DISEASE CENTER

ATLANTA, GEORGIA 30333
ATTN: THE EDITOR

MORBIDITY AND MORTALITY WEEKLY REPORT

NOTE: THE DATA IN THIS REPORT ARE PROVISIONAL AND ARE BASED ON WEEKLY TELEGRAMS TO THE NCDC BY THE INDIVIDUAL STATE HEALTH DEFARTMENTS. THE REPORTING WEEK CONCLUDES ON SATURDAY; COMPILED DATA ON A NATIONAL BASIS ARE RELEASED ON THE SUCCEEDING FRIDAY.

HEALTH HEALTH, EDUCATION, AND WELFARE
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